

CYRIL H. WECHT AND PATHOLOGY ASSOCIATES, INC.

CYRIL H. WECHT, M.D., J.D., PRESIDENT

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March 20, 2020

Mr. Mark Miller, Esquire
Danks and Danks
1 South East 9th Street, Suite 101
Evansville, IN 47708

RE: Edward Snukis, Deceased

Dear Mr. Miller,

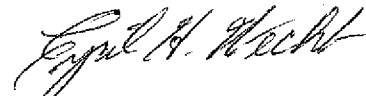
Enclosed is the original, final copy of the postmortem protocol report and also a copy of the toxicology report relating to the autopsy I performed on your client, Edward Snukis.

I believe the pathological diagnoses are self-explanatory. However, if you have any questions, please do not hesitate to contact me.

I should like to take this opportunity to express my personal condolences to you and all the members of your family.

With kind regards.

Sincerely,



Cyril H. Wecht, M.D., J.D.

/glh
Enclosure (2)

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EDWARD SNUKIS

SEPTEMBER 22, 2019

FINAL PATHOLOGICAL DIAGNOSES (CHW19-386):

Positional-compression asphyxiation.

Epidural hemorrhage, T11-T12.

Subperiosteal hemorrhage of mastoid regions.

Death while in police custody:

History of becoming unresponsive while being placed in restraints shortly after receiving electrical shocks from conducted electrical weapons.

Conducted electrical weapon barbs embedded in the outer right upper arm and the right elbow.

Abrasions and contusions of scalp, multiple, principally right-sided.

Contusion of superior half of left ear with subscalpular, subgaleal, and subperiosteal hemorrhages, principally left side.

Contusions of left cheek and chin.

Contusions of arms and dorsal surface of left hand.

Contusions of mid-abdomen, two.

Contusions of scrotal sac with hemorrhage of left epididymis.

Contusions of feet, bilateral, left greater than right.

Lacerations and contusions with superficial intramuscular hemorrhage of left tongue.

Acute pulmonary congestion.

Acute methamphetamine intoxication.

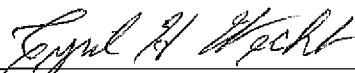
See NMS toxicology reports from first and second autopsies.

Cardiomegaly (heart weight 780 grams).

Marked left ventricular hypertrophy (2.2 cm.).

Right ventricular hypertrophy (0.8 cm.).

Marked pulmonary edema.



Cyril H. Wecht, M.D., J.D., Forensic Pathologist
/jlk

EDWARD SNUKIS (2nd Autopsy) · SEPTEMBER 22, 2019 Page 2

The autopsy is performed on Sunday, September 22, 2019, at 12:00 P.M., at Westmoreland County Forensic Science Center, pursuant to the request and authorization of the legal next of kin, transmitted by attorney Mark Miller.

Cyril H. Wecht, M.D., J.D., Forensic Pathologist, Prosector.

Photographs of the body are taken before any dissection is made and subsequently as previous dissections are opened and new dissections are undertaken.

The body has been delivered in a cadaver bag. It is unclad, although a hospital gown overlies the body anteriorly.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, husky, white male, whose appearance is consistent with the reported age of 54 years, measuring 6 feet 3 inches in length, and weighing 251 pounds.

The following embalming procedures are noted:

- 1) Plastic cups overlie the eyes.
- 2) A wire suture binds the upper and lower gums in the midline.

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 3

EXTERNAL EXAMINATION:

“continued”

The following previous incisions are noted:

- 1) There is a lengthy incision beginning in the anterior axillary fold of each arm, extending along the lateral aspect of the upper arm and then curving onto the volar aspect of the forearms, extending to the wrist levels. These are closed tightly by thick white string.
- 2) A lengthy incision is noted down the midline of the back extending from the base of the neck to the superior crease of the buttock fold.
- 3) Bilateral incisions are noted on the thighs, each of which extends from the inferior margin of the buttock, along the posterior aspect of the thigh and calf, ending at the heel level. These are closed by thick white string.
- 4) The usual Y-shaped thoracoabdominal incision is noted anteriorly on the trunk, closed by thick white string.

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EXTERNAL EXAMINATION:

“continued”

The body shows the following evidence of recent physical injuries:

- 1) Multiple areas of abrasion and contusion are seen on the scalp which is completely bald. Small areas of injury are seen slightly to the right of the midline in the right anterior parietal region. A larger cluster of abrasions and contusions are noted on the right side in the mid-parietal area into the occipital region. Some abrasions and contusions are also seen in the left occipital region.
- 2) There is marked discoloration of the superior half of the right ear with diffuse hemorrhage throughout the tissues. However, the cartilaginous components appear to be intact.
- 3) An area of contusion is seen in the lateral midportion of the left cheek.
- 4) An area of contusion is seen on the chin extending in somewhat horizontal fashion from one side to the other. These can be visualized even through the beard growth.

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 5

EXTERNAL EXAMINATION:

“continued”

- 5) There is an area of ecchymosis noted in the left antecubital fossa.
Incision into the ecchymotic area in the left antecubital fossa reveals acute hemorrhage in the underlying soft tissues.
- 6) There is a brownish-red ecchymotic area on the dorsal surface of the left hand.
- 7) Two areas of abrasion are seen slightly to the left of the midline above the umbilicus.
- 8) There is hemorrhagic discoloration of the scrotal sac, more marked on the left side.
- 9) An area of abrasion contusion is seen on the anterior aspect of the distal right thigh above knee level.
- 10) An area of faint bluish contusion is seen overlying the left knee region.
- 11) Diffuse contusion is noted on the medial aspect of the left foot, extending from the heel to the left great toe.
- 12) An area of dark contusion is seen on the medial aspect of the right foot beginning proximal to the great toe and extending onto the medial aspect of the great toe.

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 6

EXTERNAL EXAMINATION:

“continued”

Incision of right arm: This incision is opened, revealing hemorrhage overlying the elbow region.

Incision of left arm: This incision is opened, revealing hemorrhage subjacent to the hemorrhage noted in the left antecubital fossa.

Incision of back: This incision is opened and reveals extensive hemorrhage in the upper posterior thoracic region extending from the base of the neck, through the suprascapular region, into the midportion of the scapular area extending to the medial regions of the scapulae.

The Y-shaped thoracoabdominal incision is opened. Hemorrhage is seen in the intercostal regions extending from the first through the tenth interspace on both sides laterally and posteriorly. Hemorrhage in the intercostal muscles is seen to extend from the costovertebral regions laterally and sweeps around through the lateral margins onto the anterior aspects of the intercostal musculature. This is quite extensive and involves the entire thoracic cavity.

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 7

EXTERNAL EXAMINATION:

“continued”

There appears to be a transverse fracture through the midportion of the body of the sternum.

There are fractures of the rib cage anteriorly at the costochondral junctions involving ribs 3, 4, 5, and 6 and on the left side involving ribs 3, 4, and 5. Hemorrhage is seen in the overlying and surrounding soft tissues of all of these fractures.

Hemorrhage is noted throughout the soft tissues of the entire thoracic region laterally and posteriorly.

Hemorrhage is seen in the underlying soft tissues including the musculature of the lower abdomen extending into the pelvic region. This is noted extending from one side to the other.

The area of hemorrhagic contusion of the scrotal sac is incised. Hemorrhage is seen involving the epididymis on the left side. The testes are within the scrotal sac and reveal no direct evidence of trauma.

The cranial incision extends from one postauricular region, over the top of the skull, to the other, closed by thick white string. The cranial incision is opened, revealing diffuse subscalpular, subgaleal, and subperiosteal hemorrhage, principally on the left side, extending from the

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 8

EXTERNAL EXAMINATION:

“continued”

auricular area through the mid posterior portion of the parietal zone into the occipital area. This appears to be related to the marked contusion noted involving the superior half of the left ear.

The calvarium is intact and shows no fractures. When the calvarium is removed, hemorrhage is seen in the subperiosteal regions of both mastoid areas. The mastoid processes are dissected and reveal hemorrhage throughout. There are no basilar skull fractures. The atlanto-occipital junction is intact and the odontoid process shows no fractures or dislocations. The pituitary gland has been previously removed.

The skin condition is good, and there is no evidence of insect activity or anthropophagy.

Rigor mortis is fixed. Livor mortis cannot be discerned due to postmortem embalming.

REMAINDER OF EXTERNAL EXAMINATION:

The pupils appear to be blue. No conjunctival suffusion or petechial hemorrhages are noted. There is no scleral icterus. The

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 9

REMAINDER OF EXTERNAL EXAMINATION: "continued"

eyeballs are intact. The nasal septum is intact and in the midline. No foreign bodies or exudate are seen within the auditory, nasal or oral cavities. The teeth are intact and are in fairly good condition. There are no injuries of the lips, gums or teeth.

A thin moustache and a small goatee are noted.

The neck shows no increased mobility on manipulation.

The abdomen is slightly protuberant but not rigid.

The pubic escutcheon and external genitalia are normal adult male.

The penis has been circumcised.

The upper and lower extremities show no deformities such as to suggest recent fractures or dislocations. No fractures of the pelvic bones are noted.

The hands, fingers and fingernails are unremarkable except for the injury noted on the dorsal surface of the left hand. Otherwise, the hands show no injuries. The fingernails are relatively short, evenly cut, and intact. The palms show no injuries. The toenails are relatively short and intact. The injuries of the feet have been previously described. The

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 10

EXTERNAL EXAMINATION:

“continued”

soles of the feet are clean.

The back shows no specific areas of injury.

INTERNAL EXAMINATION:

THORAX AND ABDOMEN:

The rib cage shows no fractures laterally or posteriorly. The vertebral column appears to be intact with no apparent fractures or dislocations.

EXAMINATION OF ORGANS AND TISSUES:

The brain and thoracic and abdominal organs have been extensively dissected previously.

The hyoid bone, thyroid, and cricoid cartilages are intact with no fractures or dislocations. No hemorrhages are seen within the adjacent soft tissues surrounding the hyoid bone and cartilaginous structures of the neck.

No specific significant natural disease processes are noted. There is no evidence of any malignant or benign tumors. There is no evidence of any inflammatory process or exudative process. There is no evidence

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 11

INTERNAL EXAMINATION:

“continued”

EXAMINATION OF ORGANS AND TISSUES:

of any other significant disease. The liver shows no evidence of cirrhosis or fatty change. The kidneys show no gross changes. The spleen and pancreas are unremarkable.

Portions of previously dissected organs are retained for histological examination. A portion of liver and a portion of kidney will be retained for toxicological examination, if required.

LUNGS:

Lung tissues show diffuse congestion with no evidence of emphysema or pneumonia.

HEART:

The heart shows no evidence of old or recent infarcts. There are no areas of fibrosis, softening, or discoloration noted within the myocardium. The endocardial surface has no verrucous growths or mural thrombi. The trabeculae carneae and papillary muscles are unremarkable. The coronary arteries are widely patent with no evidence of atherosclerosis or occlusions.

EDWARD SNUKIS (2nd Autopsy) SEPTEMBER 22, 2019 Page 12

INTERNAL EXAMINATION:

“continued”

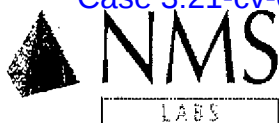
AORTA:

The aorta is intact and has a smooth intimal surface except for the distal abdominal region which shows a small amount of slightly elevated atheromatous plaques and calcific debris. There is no evidence of aneurysm.

VERTEBRAL COLUMN:

At this time, the vertebral column is opened by means of an electric saw. The vertebral bodies show no evidence of fractures or dislocations. The articulating processes are intact.

As the vertebral column is removed, no hemorrhage is seen within the spinal cord except for a small amount of epidural hemorrhage noted slightly to the left of the midline in the area of T11-T12. This hemorrhage is seen to extend posteriorly and reaches the right side. It also is noted at the levels of T11-T12. No contusions are noted. The spinal cord is intact. No other hemorrhage is seen within the spinal canal or involving the spinal cord. The spinal cord will be retained.



NMS 3061

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 03/16/2020 13:00

To: 50000

Cyril H. Wecht & Pathology
900 Fifth Ave, Suite 505

Pittsburgh, PA 15219

Patient Name SNUKIS, EDWARD

Patient ID CHW-19-386

Chain 12023534

Age 55 Y DOB Not Given

Gender Male

Workorder 20066525

Page 1 of 3

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	53	mg/100 g	002 - Liver Tissue
Methanol	350	mg/100 g	002 - Liver Tissue
Amphetamine	160	ng/g	002 - Liver Tissue
Methamphetamine	4300	ng/g	002 - Liver Tissue

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8051TI	Postmortem, Basic, Tissue (Forensic)

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the Analysis Summary and Reporting Limits section for details.

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	White Plastic Container	22 g	09/22/2019 09:30	Liver Tissue	
002	Homogenate Container	Not Given	09/22/2019 09:30	Liver Tissue	
003	White Plastic Container	18.3 g	09/22/2019 09:30	Kidney Tissue	

All sample volumes/weights are approximations.

Specimens received on 02/24/2020.



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Workorder

20066525

Chain

12023534

Patient ID

CHW-19-386

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	53	mg/100 g	40	002 - Liver Tissue	Headspace GC
Methanol	350	mg/100 g	20	002 - Liver Tissue	Headspace GC
Amphetamine	160	ng/g	20	002 - Liver Tissue	LC-MS/MS
Methamphetamine	4300	ng/g	80	002 - Liver Tissue	LC-MS/MS
Ethanol	Confirmed	mg/100 g	40	002 - Liver Tissue	Headspace GC
Methanol	Confirmed	mg/100 g	20	002 - Liver Tissue	Headspace GC

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Amphetamine - Liver Tissue:

Amphetamine is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. Amphetamine is also a metabolite of methamphetamine and selegiline.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure.

2. Ethanol (Ethyl Alcohol; Metabolite of Ethyl Acetate) - Liver Tissue:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

3. Methamphetamine - Liver Tissue:

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms.

4. Methanol (Methyl Alcohol) - Liver Tissue:

Methanol is contained in paints, cleaners, windshield washer fluid, 'canned heat', and other household products. It may be consumed for its intoxicating properties which are similar to ethanol; however it is much more toxic. In addition to central nervous system depression with its associated slowing of reaction time, lethargy and confusion, methanol can cause blindness due to its toxic metabolites.

Sample Comments:

001 Tissue specimen required homogenization: 20066525-001

002 NMS Labs generated homogenized Tissue sample: 20066525-002

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

**NMS**

LABS

CONFIDENTIAL

Workorder 3063

20066525

Chain

12023534

Patient ID

CHW-19-386

Page 3 of 3

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 20066525 was electronically signed on 03/16/2020 12:51 by:

Carolina Noble, Ph.D.
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50010TI - Amphetamines Confirmation, Tissue - Liver Tissue

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	20 ng/g	Methamphetamine	80 ng/g
Ephedrine	20 ng/g	Norpseudoephedrine	20 ng/g
MDA	20 ng/g	Phentermine	20 ng/g
MDEA	20 ng/g	Phenylpropanolamine	80 ng/g
MDMA	20 ng/g	Pseudoephedrine	20 ng/g

Acode 52250TI - Alcohols and Acetone Confirmation, Tissue - Liver Tissue

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	20 mg/100 g	Isopropanol	20 mg/100 g
Ethanol	40 mg/100 g	Methanol	20 mg/100 g

Acode 8051TI - Postmortem, Basic, Tissue (Forensic) - Liver Tissue

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	80 ng/g	Fentanyl / Acetyl Fentanyl	1.0 ng/g
Barbiturates	0.16 mcg/g	Methadone / Metabolite	100 ng/g
Benzodiazepines	400 ng/g	Methamphetamine / MDMA	80 ng/g
Buprenorphine / Metabolite	N/A	Opiates	80 ng/g
Cannabinoids	40 ng/g	Oxycodone / Oxymorphone	40 ng/g
Cocaine / Metabolites	80 ng/g	Phencyclidine	40 ng/g

Not Reported: Buprenorphine / Metabolite: Test was canceled due to [Sample Matrix Problem].

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	20 mg/100 g	Isopropanol	20 mg/100 g
Ethanol	40 mg/100 g	Methanol	20 mg/100 g